

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202008 JANUARY 28, 2020

Pharmacy update approved by Drug Utilization Review Board January 2020

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system and PA criteria as approved by the Drug Utilization Review (DUR) Board at its January 17, 2020, meeting. These updates apply to the fee-for-service (FFS) pharmacy benefit.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after March 1, 2020. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.



PA changes

PA criteria for the Gonadotropin-Releasing Hormone (GnRH) Analogs were removed by the DUR Board. Current age restrictions will be maintained with the exception of triptorelin pamoate. Triptorelin pamoate will be updated to 12 years of age or older. These PA changes will be effective for requests submitted on or after March 1, 2020. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.

For more information

The PA criteria can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](#) page at in.gov/medicaid/providers. Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at in.gov/fssa. Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS PA requests and questions about the FFS Preferred Drug List (PDL) or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled.

TO PRINT

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